

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Tea Party Patriots Citizens Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00540898	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Creative Response Concepts</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014	
Mailing Address 2760 Eisenhower Ave. 4th FL		Amount 570.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.259923
Purpose of Expenditure E-Marketing-Allocation of Retainer	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2014	
Name of Federal Candidate Christopher Brian McDaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: MS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>TPPCF Staff</b> [MEMO ITEM] X		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014	
Mailing Address 2295 Towne Lake Pkwy. Ste. 116-328		Amount 500.00	
City Woodstock	State GA	Zip Code 30189	Transaction ID : SE.259924
Purpose of Expenditure Video Production	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2014	
Name of Federal Candidate Christopher Brian McDaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: MS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Paul A Kilgore

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 28 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Tea Party Patriots Citizens Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00540898	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Active Engagement LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 28 / 2014</b>	
Mailing Address 44084 Riverside Parkway Ste. 350		Amount 1000.00	
City Lansdowne	State VA	Zip Code 20176	Transaction ID : SE.259919
Purpose of Expenditure Copy Writing	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 28 / 2014</b>	
Name of Federal Candidate Christopher Brian McDaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 614845.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	2070.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Paul A Kilgore

[Electronically Filed]

Date

MM	DD	YYYY
05	28	2014

Signature